

Did you know?

Businesses

- Pay for an average of 3 *more* sick days per year for smokers than nonsmokers²
- Pay more health costs for smoking employees. Each year, excess medical expenditures attributed to smoking for an adult smoker are over \$1,600.¹
- Experience two times as much lost production time (LPT) per week for smokers as for workers who never smoked.⁴ The average productivity losses attributed to smoking for each adult smoker are \$1,760, per year.¹
- Pay more in workers' compensation costs for smokers than for nonsmokers.⁵
- Receive a positive return on investment when they take steps to reduce employee smoking.¹⁰

The single most cost-effective *clinical* prevention service that employers can offer employees is tobacco cessation assistance, which is considerably less than other disease prevention interventions such as treatment of blood cholesterol and high blood pressure.²

Smoke-free worksite policies

- Result in smokers consuming fewer cigarettes each day and more success in quitting altogether than smokers employed in places that allow smoking. And, support for smoke-free policy increases following implementation.^{6,12}
- Reduce smokers and *nonsmokers'* risk of heart attack, lung cancer and other serious and costly illnesses.⁸
- Do not harm restaurants and bars - the impact of smoke-free restaurant and bar laws on sales or employment is neutral or positive, according to a comprehensive review of all studies using objective measures.⁹
- Smokers employed in a smoke-free workplace quit at a rate 84% higher than smokers working in places that are not smoke-free, according to an *internal tobacco industry study*.¹¹
- 11 air filtration companies and a major tobacco manufacturer admit ventilation does not eliminate the health hazards caused by second hand smoke. Smoke-free policies do.^{12,13}

How Tobacco Cessation & Smoke-Free Policy Cut Costs

By encouraging and supporting employees to quit using tobacco and implementing smoke-free work policies, employers can generate financial returns from:^{2, 3}

- Lower health care costs
- Reduced absenteeism
- Improved productivity and fewer accidents
- Lower life insurance costs
- Lower maintenance and insurance costs for buildings and grounds

The majority (70%) of adult smokers want to quit; employer support for tobacco cessation when combined with smoke-free policy makes it more likely that they will succeed.⁶

References used to prepare this fact sheet

- ¹ CDC. Smoking-attributable mortality and years of potential life lost, and economic costs--United States, 1995-1999. *MMWR* 2002;51(14):300-303. Retrieved August 22, 2005 from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5114a2.htm>
- ² CDC, Office on Smoking and Health. Coverage for Tobacco Use Cessation Treatments. 2003. Retrieved August 23, 2005 from: http://www.cdc.gov/tobacco/educational_materials/cessation/ReimbursementBrochureFull.pdf
- ³ Halpern, M.T.; Shikar, R.; Rentz, A.M.; Khan, Z.M. (2001). Impact of smoking status on workplace absenteeism and productivity. *Tobacco Control* 10(3), 233-238.
- ⁴ Stewart, WF et al. (2003). Lost productivity work time costs from health conditions in the United States: Results from the American Productivity Audits. *Journal of Occupational and Environmental Medicine* 45(12), 1234-46.
- ⁵ Musich, S., Napier, D. Edington, D.W. (2001) The Association of Health Risks With Workers' Compensation Costs. *Journal of Occupational and Environmental Medicine* 43(6), 534-541.
- ⁶ Brownson R.C., Hopkins D.P., Wakefield M.A. (2002). Effects of Smoking Restrictions in the Workplace. *Annual Review of Public Health* 23, 333-348.
- ⁷ Bauer J, et al. (2005) A Longitudinal Assessment of the Impact of Smoke-Free Worksite Policies on Tobacco Use. *American Journal of Public Health* 95 (6), 1024-1029. Retrieved on August 16, 2005 from: <http://proquest.umi.com/pqdweb?index=2&did=864603551&SrchMode=3&sid=1&Fmt=4&VInst=PROD&VType=PQD&RQT=309&VName=PQD&TS=1124304627&clientId=44573&aid=1>.
- ⁸ CDC. State Smoking and Restrictions for Private-Sector Worksites, Restaurants, and Bars – United States, 1998 and 2004. *MMWR* 2005; 54(26); 649-653.
- ⁹ Scollo M., et al. (2003). Review of the quality of studies on the economic effects of smoke-free policies on the hospitality industry, *Tobacco Control* 12, 13-20
- ¹⁰ Fellows JF, Rehm R, Hornbrook M, Hollis J, Haswell TC, Dickerson J, Volk C. Making the Business Case for Smoking Cessation and ROI Calculator. Center for Health Research, 2004
Available at: <http://www.businesscaseroi.org>.
- ¹¹ Shopland DR, Burns DM, Amacher RH, Ruppert W (eds.). National Cancer Institute. *Population Based Smoking Cessation: Proceedings of a Conference on What Works to Influence Cessation in the General Population*. Smoking and Tobacco Control Monograph No. 12. Bethesda, MD: U.S. Department of Health and Human Services, National Cancer Institute, NIH Pub. No. 00-4892, November, 2000. Retrieved on August 23, 2005 from: <http://www.dccps.cancer.gov/tcrb/monographs/12/index.html>
- ¹² Dearlove JV, Bialous SA, Glantz SA. (2002) Tobacco industry manipulation of the hospitality industry to maintain smoking in public places. *Tobacco Control* 11, 94-104.
- ¹³ Repace, J. "Respirable Particles and Carcinogens in the Air of Delaware Hospitality Venues Before and After a Smoking Ban." *Journal of Occupational and Educational Medicine*. September 10, 2004.